	•						
	lease print or type with ELITE to		the unshaded amas only	Fort	oved. OMB No. 2	2050-0028. Exp. GSA No.	res 10-31-91 0246-EPA-OT
M	Please refer to the Instructions		Notification of		U 0		
V	for Filing Notification before				For	ale Rederver)
M	completing this form. The information requested here is		egulated Wast	E		(C)**	الاتا _
	required by law (Section 3010	WEIL	Activity		MARE	8 8 191 99 9	5
49.60	of the Resource Conservation and Recovery Act).		Environmental Protection	on Agency			
(Sept.	I. Installation's EPA ID Numl		into how! Water and the	T. 12 (3.0)		CORNER	TO THE TAXABLE
V				LAND EDA II	Nu Asia	EXPLOIN	V
0	A. First Notification	B. Subsequent N	otification C. Installa	La la l		2//0	
1		(complete item	tion that the second of the se	0026	3131019	/ 6 17 1	
12	II. Name of Installation (Incl.	ude company and specific :	site name) 03/60	0608	and the processing and the second of the sec		
3	AMERICAN	MAILI-WE					
X	III. Location of Installation (F	Physical address not P.O. E	Box or Route Number)			energe ≠€	はいます。
Ø	Street				REC	EIVE	D
R	4400 W O	HICISTRE	ET		ANN PE	CORD CEN	TE.R
S	Street (continued)		<u> </u>		2.0.0	2 <u>0 100</u> 0	
B						100	
Q	City or Town			State	ZIP Code		
~				1 71	607	241.	
	CIAIIC A.G.O.		<u> </u>	1 1-1-1-	PIDIDI	<u> </u>	
	County Code County Name						
	<u> </u>						
	IV. Installation Mailing Addre	ass (See Instructions)			A 1757 F		
	Street or P.O. Box						T T I
	310101/1 WIR	OCWELL S	TREET	\bot			
4	City or Town			State	ZIP Code		7 7 Y
	CHICAGO				606	/ 8 -	
	V. Installation Contact (Pers	on to be contacted regardi	ng waste activities at site	9)	ACT IN THE		
	Name (last)		(first)	de region annual contraction of the contraction of			
	ARCUSZEW	SKII	101	HN			
	Job Title		Phone i	Yumber (are	a code and n	umber)	
	HUMAN RE	SOURCES	MGR 312	1-26	7 - 3	600	
	VI. Installation Contact Addr	ess (See Instructions)					
	Location Mailing B. St	reet or P.O. Box					
							1-1-1
					للللل		
	City or Town			State	ZIP Code		-uunkamanihanti
ļ						1 1 - 1	
	VII. Ownership (See Instruc	tions)				27 / 25 P.	
	A. Name of Installation's Le				Southern Street Street Street		
	MAIL-WEL	LICORPOR	BATION				
	Street, P.O. Box, or Route I		<u> </u>				
	23 INVER		EAST	TII			
	City or Town	/·[~]~]~]		State	ZIP Code	and the second s	Access house of the second
	CRY OF TOWN				0 0	1011	TTT

B. Land Type

P

C. Owner Type

D. Change of Owner

Indicator

EPA Form 8700-12 (01-90) Previous edition is obsolete.

Phone Number (area code and number)

Continue on reverse

(Date Changed) Month Day Year

RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only	Form Approved. OMB No. 2050-0028. Expires 10-31-91 GSA No. 0246-EPA-07
	ID - For Official Use Only
AMERICAN MaIL-WELL	
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to	Instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2200 lbs.) b. 100 to 1000 kg/mo (220-2200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes 3. Treater, Storer, Disposer (at installation to this activity; see instructions. 4. Hazardous Waste Fuel a. Generator Marketing to Burns b. Other Marketers c. Burner - indicate device(s) - Type of Combustion Device	a. Generator Marketing to Burner b. Other Marketer Rumer - indicate device(s)
Mode of Transportation	2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspond wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. EP Toxic (D001) (D002) (D003) (D000) (List specific EPA hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to be a see to be a	ed to list more than 12 waste codes.)
C. Other Wastes. (State or other wastes requiring an I.D. number. See instruction. 1 2 3 4 X. Certification I certify under penalty of law that I have personally examined and am fam and all attached documents, and that based on my inquiry of those individual obtaining the information, I believe that the submitted information is true that there are significant penalties for submitting false information, in imprisonment.	iliar with the information submitted in this iduals immediately responsible for accurate, and complete. I am aware
Signature Name and Official Title (type or print Lichard Delskype Dir. o.	
XI. Comments	
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Sec	tion III of the booklet for addresses.)

C' 600 6089

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only)

MAR 1 9 1997

and Rec	covery	Act).								Unii	ted St	ates	Envin	onme	ntal I	Prote	4.00	Age	S. Williams							1 0	133/
L Insta	Ilatio	n's E	PAI	D Nu	ımbe	er (IV	lark	'X' In	the	appı	opria	ate b	ox)	ar (N	>			-পুরা	~y∘				× J.	S.	EPA.	REC	HOLE
	A. Fir	170888	otific	atior	a Automick	λ	20-50/0	3. S	ubse Comp	que	nt No	tifica				<i>*</i>	1	C. Ir	stal	latio	n's E	PAI	D Nu	ımbı	37) 1 (4)		
II. Nam	ne of I	nsta	llatic	on (In	cluc	de co	amas	_	111/000		0.00			10.00	_	7		1 D			199	19	J	(5)	7	62	9
AM	E	R	1	C	A	I	1	I M	I D	Peci	IIC SI	ce na	ine)					1 10									
III. Loc	ation	of Ir	estal	lation	n (Pl	wsi	cal a	ddre	80 P/	nt D	A D.		100	6		-				V	15	12	. 0	P	8		CK
Street		¥ (*)				10000	Side and	April 622 844		40.70	U. B	ox or	HOU	ne N	umo	er)	is the		a distant	Sansaniar		dajan mili		e 15 4886046	sh fador con		
44	10	0		W.			Tu	17			5	<u>-</u>		T =			+	T	T	 	T	T	1	 			
Street	(Con	tinue	rd)			10	1,57	1/	10	120000	3	<u>//</u>	K	-	=		1.1646	<u> </u>		. Diese						liste i	
						****			R	E.C	FH	(E	p —			T		7023 T	i) T	Т		Τ-	- I				
City or	r Tow	n	1000 all 2001 all		Control of			Services	A.II /	40	1 n	199	17	CSCALA		Same.	-	J.		_					1000000	470-28map2:01.0	
CH	1/	C	A	6	0				M	AR.	- 0	133	31			T	30	ate	1	p Co	ode	T		71			
County	Code		161	y Na		8.54	1	<u> </u> **********	Silvis Com				1,1201,420	71/100		***	1	16	10	0	6	d	14	-	100	(Saxy-xx	
0/	3	C	Ø	0	K		T	T	Π			Г					l i		T	T	T	T	illi () T			Г
IV. Inst	talleti	on M	lailin	g Ad	dres	e (S	ee In	etru	ction	m)									L				1				
Street				Abate	950.40%	4,045,000	ele samo	w. Chellons	S. S. S.				10.5			e i	468.6	er en	ike e	38000	512.34		vijski)	Conses		t etwater	Ohan .
SA	m	E								Π	T	İ		Π		Γ	T	T	T	T	T	T	T	T	1	T	
City or	Town	n.	100			3500				Logical						la de la companya de	Co	ata	1				assissé »	********	1000 mg 1980 m	HONE PLU-	200000
								T	Service selects	1		-		5170 AW		1900	34		-	p Co	T	T	Τ		23 40 to	T	
V. Inst	tallati	on C	onta	ct (P	erso	on to	be c	contr	cted	i nea	arriir	NT MAN	note (na the	601				1								
Name ((Last)	*** - /	TW(C)			V V V			di Nya			.g	1046 2	10°	rst)	at Sa	lej	s gat			in the second	geriji (16.)	ijasiji (ye			is also	
BI	1	4					Γ				Π			M	1	-	11	10	E	T	T	T	T			- 	
Job Tit	ile.		Sign and	3/3	100	(2)	130.0	78 S 198	300 A.A.		t take	****	Series Series	-	700	Num	H	/800) 7			
Su	P	ع	R	V	1	5	0	R		Γ	T			7	1	7	Je (2	7	de a	na N	umo	erj	1 4	TA	T. /	
VI. Ins	tallati	on C	onte	ict A	ddre	88 (See	Instr	uctio	ns)				/	1		421	10	0	9		16	14	10	0	(S)	
A. Con Location	ntract /	Addre	88 :						C			7.0				l jir	Jan 197	44	i kacia	newin.	u iya kali	87.4	, Jan		200	ia y	0.00
)		5	4	4	5		N		E	1	5	7	O	N		A	17	E	$\overline{}$	_		T	T		<u> </u>
City or	Towr	1	Dis.	ži k		14.85	nicario Massissi			1000	1		ione,				Sta	ite:	71	p Co	1.0	1 4	10	riggiosen	L		W
ZH	1	C	A	6	0						Π						1	1	17	0	6	3	U	T_	T	i I	
/II. Own	nershi	p (S	ee In	struc	ction	is)	-								4 0	grital	مل		16		10	0				949	
L. Name	e of in	stali	atior	ı's Le	egal	Owr	ner	200	gás e					1.14	gree e		10		(*)430 m	F		E' (n	<i>j</i> [14		D.
														-4				. 35	y 16		K		ק [[T W	5	
treet, P	P.O. B	ox,	of Ro	ute i	Num	ber			LĄ ŠĘ		18.39	ja ba				, I	63.19	- 3	Year .	Щ	Ц		NI - I	1 1	100	7	ע
MA	/	L	-	, T	E	_	6		0	0	R	P	0	T	A	7	1	0	N	1=(1)	Ī	JU	14	J 4		<i>]</i>	37 27
ity or T	Fown	- T	(alle	Ve I	-	i in		Vijeritā					0	1 1 100	Standari	,	Stat	- Aller	-		RC	RA	REC	DRI	IS R	OON e Divi	einn
SN	6	1	٤	W		ŏ	D		П					T	1981.71		C	0	21P		J U	S.	EP)A	-	EGIC	Section of the Contract of	sion
		-									_						1	~	10	U	1/	1/	0	1 -			
hone N	lumbe	er (A	rea (Code	and	Nur	nber	•)	interest Entirely	on Re	B.	Land	Туре	C	Own	ner Ty	ре	D. 0	han	e of	Owne		1943 j	(C	ate C	hange	d).

			ID - For Offic	ial Use Only
VIII. Type of Regulated Waste Activ	vity (Mark 'X' in the appropriate bo	xes; Refer to inst	ructions)	
	dous Waste Activity			Recycling Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lb.) 100 to 1000 kg/mo (200-2,200 lc. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in box below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify	ibs.) required for this instructions. xes 1-5 4. Hazardous Waste a. Generator Mark b. Other Marketer c. Boller and/or inc	e: A permit is a sactivity; see a Fuel cetting to Burner a dustrial Furnace ferral mitty Exemption of Combustion or Goller Furnace	Oil to Off b. Marketer Oil Meets 2. Used Oil Bu Combustion a. Utility Bo b. Industrial c. Industrial 3. Used Oil Tra of Activity(e a. Transport b. Transfer 4. Used Oil Pro Type(s) of A	Directs Shipment of Used Specification Burner Who First Claims the Used the Specifications irrer - indicate Type(s) of Device(s) liler Boller Furnace indicate Type(s) per Facility cessor/Re-refiner-indicate ctivity(les)
IX. Description of Hazardous Wast	les (Use additional sheets if necest	sary)		
A. Characteristics of Nonlisted Hannonlisted hazardous wastes your in 1. Ignitable 2 Corrosive 1. Reactive (D001) (D002) (D003)	staliation handles; See 40 CFR Par	ts 261.20 - 261.24)		
B. Listed Hazardous Wastes. (See	40 CFR 261.31 - 33; See instruction	s if you need to lis	st more than 12 wa	ste codes.)
21 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10	5	-12
C. Other Wastes. (State or other was	stes requiring a handler to have an	I.D. number; See i	instructions.)	
1 2	3	4	5	64
X. Certification				
I certify under penalty of law that this desystem designed to assure that qualified	personnel properly gather and evaluations persons directly responsible f	uate the information or gathering the in	n submitted. Based	on my inquiry of the person
or persons who manage the system, or the best of my knowledge and belief, true, actinc uding the possibility of fine and im-	prisonment for knowing violations.			
or persons who manage the system, or the best of my knowledge and belief, true, at	Name and Official To	itle <i>(Type or pri</i>		Date Signed 3-7-97
best of my knowledge and belief, true, ac including the possibility of fine and im	Name and Official T	itle <i>(Type or pri</i>		Distriction (Inc.)
best of my knowledge and belief, true, ac including the possibility of fine and important the state of the st	Name and Official To	itle <i>(Type or pri</i>		3-7-97
best of my knowledge and belief, true, ac including the possibility of fine and important the state of the st	Name and Official To	itle <i>(Type or pri</i>		3-7-97



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590



RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U. S. EPA—REGION 5

REPLY TO THE ATTENTION OF:

May 29, 1997

AMERICAN MAIL-WEIL ENVELOPE CO ATTN: MICHEAL BILY 5445 N ELSTON AVENUE CHICAGO, IL 60630

RE: US	S EPA ID Number	ILD 026 330 969	¥
Lo	ocation:	4400 W OHIO STREET	
		CHICAGO, IL 60624	
In respo	onse to your correspon	dence of03/07/97	, the following
informat	tion has been updated:	.e.	
CONTACT I	PERSON CHANGED TO: PERSON'S PHONE NUMBER: PERSON'S MAILING ADDRESS	MICHAEL BILY (773) 286-6400	

If you have any questions, please call me at (312) 886-6173.

Sincerely.

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

cc: State Agency

File

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA LD; Number in the space provided below.

MA. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information CION T

м	
л	
-81	
- 80	
и	
ĸ	
а	
в	
в	
в	
в	
в	
в	
-	
æ	
я	
м	
-	
м	
и	
в	
м	
Я	
м	
Я	
н	
-8	
31	
8	
Ш	

				I.D FOR OF	FICIAL USE ONLY
				W	1
IX. DESCRIPTION OF H	AZARDOUS WASTE	S (continued from	front)	11/2	- 13 14 16
A. HAZARDOUS WASTES F waste from non-specific so	ROM NON—SPECIFIC ources your installation	SOURCES. Enter the handles. Use additiona	four—digit number from the state of the stat	m 40 CFR Part 261.31 fo	r each listed hazardous
A DIAME PROBATE OF THE	2	3	4	5	6
Separate Sep		riii pils	midwi La		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7		9	10	11	12
23 • 26	23 26	23 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES F		ES. Enter the four-d	igit number from 40 C		
specific industrial sources y	our installation handles	. Use additional sheets	if necessary.		
13	14	15	16	17	.18
F 0 0 2	FO 0 3		· 一 · · · · · · · · · · · · · · · · · ·		
19	20 26	21	23 - 26	23 - 26	23 - 26
			Elizabeth de la companya de la compa		
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
				22.02.2	7520
C. COMMERCIAL CHEMICA					3 for each chemical sub-
stance your installation har	ndles which may be a ha	zardous waste. Use ad	ditional sheets if necess	sary.	an Bulgalilanini in
31	32	33	34	35	36
				10 278	
37	38	39	40	23 - 26	42
	The land	A			A TITLERA
23 - 25	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
	23 26				
D. LISTED INFECTIOUS WA		digit number from 40 (23 - 26 CFR Part 261.34 for ea	23 - 26 ach listed hazardous waste	23 - 26 e from hospitals, veterinary
hospitals, medical and resea	arch laboratories your in	stallation handles. Use	additional sheets if ne	ecessary.	
49	50	51	52	53	54
magain - Result			1450		
E. CHARACTERISTICS OF N	NON-LISTED HAZARI	OOUS WASTES. Mark	"X" in the boxes corr	esponding to the characte	ristics of non—listed
hazardous wastes your insta	allation handles. (See 40	CFR Parts 261.21 - 2	261.24.)		
1. IGNITABL	E (D00	2. CORROSIVE	☐3. REA (D003)		4. TOXIC
X. CERTIFICATION	UNION THE PROPERTY OF THE PROP		(D003)		(D000)
The state of the s	of love that I have a			at at the company	
I certify under penalty attached documents, and	l that based on my is	nquiry of those ind	ividuals immediately	y responsible for obta	ining the information.
I believe that the submit mitting false information,	ted information is tr	ue, acourate, and co	omplete. I am aware	e that there are signifi	cant penalties for sub-
SIGNATURE	, possio		ICIAL TITLE (type or	nrint	DATE SIGNED
	D-11			gendleby	WOLL STREET
William K	. Trall	VICE P	RIZSIDEN	IT MEG	10/25-183
EPA Form 8700-12 (6-80) RI	EVERSE ()				



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	*IND026330969	
	MILLS AMBRICAN ENVELOP 4400 W OHIO ST CHICAGO	E CO
INSTALLATION ADDRESS	4400 W OHIO ST CRICAGO	ZL 60624

EPA Form 8700-12B (4-80)

11/30/63

M12-1-8



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	* ILD026330969	
	MILLS AMERICAN ENVELOPE CO 4400 W OHIO ST CHICAGO IL	60624
INSTALLATION ADDRESS	4400 W OHIO St CHICAGO IL	60624

EPA Form 8700-128 (4-80)

12/29/83





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

MAR 23 1995

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon

Environmental Protection Specialist

Swenf. Kedda



B. SUBSEQUENT NOT (FIGATION (complete item C)

LIVI BRANCH

Please go to the reverse of this form and provide the requested information CION V EPA Form 8700-12 (6-80)

IX. DESCRIPTION OF HAZARDOUS WASTES

CONTINUE ON REVERSE

			.D. – FOR OFF	ICIAL USE ON HAZAR	DOUS WAS
IX. DESCRIPTION OF HAZARDOUS WA	I E LA CALLBAEC Enter the to	Wil-Ukite Umilingi mam	0 CFR Part 261.31 for 6	each listed hazardous	1-
A. HAZARDOUS WASTES FROM NON-SPEC waste from non-specific sources your installar		sheets if necessary.	5	6	- Mariante
1 2 2 23 · 26 23 · 26 23 · 26	3 23 - 26 9	23 - 26	23 - 26 11 23 - 26 Part 261.32 for each lis	12 12 23 - 26 12 23 - 26 sted hazardous waste from	A DETACH A
B. HAZARDOUS WASTES FROM SPECIFIC S specific industrial sources your installation has	OURCES. Enter the four-dig andles. Use additional sheets i	git number from 40 Critisis if necessary.			_}
13	23 - 26 21 23 - 26 27 23 - 26	23 - 26 22 23 - 28 28 20 - 28	23 - 26 23 - 26 29 29 - 28 29 - 28	23 - 26 23 - 26 30	÷
C. COMMERCIAL CHEMICAL PRODUCT HA stance your installation handles which may	be a hazardous waste. Use ad		35	36	
31 23 - 26 37 23 - 25 43 23 - 26 23 - 25 23 - 25 23 - 25 23 - 25 23 - 25 23 - 25	33 23 · 26 39 21 · 20 45	23 · 26 40 23 · 26 46 23 · 26 24 for ea	23 - 26 41 23 - 26 47 23 - 26 ch listed hazardous was:	23 - 26 A2 23 - 26 48 23 - 25 te from hospitals, veterinar	ry .
D. LISTED INFECTIOUS WASTES. Enter the hospitals, medical and research laboratories	ne four—digit number from 40 s your installation handles. U	se additional sheets if ne	cessary.	54	
49 50	31 223 - 26 MASTES Ma	zk "X" in the boxes corr		23 26	_
E. CHARACTERISTICS OF NON-LISTED hazardous wastes your installation handles	See 40 CFR Parts 261.21			∏4. TOXIC	
1. IGNITABLE	2. CORROSIVE	☐3. REA (D003)	CTIVE	(D000)	<u> </u>
Y CERTIFICATION				submitted in this and a	il J
X. CERTIFICATION I certify under penalty of law that attached documents, and that based I believe that the submitted informat mitting false information, including the	tion is true, acourate, and ne possibility of fine and it	complete. I am awai mprisonment.	e that there are us.	taining the information ificant penalties for su	л, b-
SIGNATURE Deluin R. Jug EPA Form 8700-12 (6-80) REVERSE	NAME & O	PRIZSIDEN			

RESPONDENT CONTACT RECORD (RCR) Company Name Facility ID Number IIII0026330969 Zip Code State Company Address Te ephone Number (including area code) CONTACT RECORD Contractor's Name Items discussed/resolution Date



Mills-American Envelope Company



IL0026330969 G

December 14, 1983

U.S. Environmental Protection Agency Office of Solid Waste 401 M Street SW Washington, D.C. 20460

Dear Sirs:

We have received no response in answer to our letter for Notification of Hazardous Waste Acitivity dated October 26, 1983. Please supply us with any information you have.

Sincerely,

William R. Light

Vice President of Manufacturing

Welson R. Light



	33A 110. 0240-21 A-01
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INCTRICTIONS. If
INSTALLA- TION'S EPA I.D. NO.	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information
I. STALLATION Suplicate on 11/04/83	in the appropriate section below. If the label is complete and correct, leave Items , , and
INSTALLA- O liginal subvision	below blank. If you did not receive a preprinted label, complete all items, "Installation" means a
II. MAILING ADDRESS PLACE LABEL IN THIS SPACE	single site where hazardous waste is generated, treated, stored and/or disposed of, or a trans-
	porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI-
III OF INSTAL-	CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
EOD OFFICIAL HEE ONLY	
FOR OFFICIAL USE ONLY	
c 1	
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED	55
F	
1 2 - 13 14 15 16 17 - 72	
I. NAME OF INSTALLATION	
MILLS-AMERICAN ENVELOPE COMPAN	Y
II. INSTALLATION MAILING ADDRESS	。 第一章
STREET OR P.O. BOX 3 4400 WEST OHIO STREET	
15 16	45
C	CODE
4 CH I CA GO I I I L 6 O	6 2 4
III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
	45
	6 2 4
IV. INSTALLATION CONTACT	- 51
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2LIGHT WILLIAM V.PMFG.	3 1 2 5 3 3 6 7 0 0
V. OWNERSHIP	45 46 - 48 49 - 51 52 - 55
A. NAME OF INSTALLATION'S LEGAL OWNER	
8 H E N R Y C R O W N C O M P A N Y	
(enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (ent	ter "X" in the appropriate box(es))
F = FEDERAL 57 58	RANSPORTATION (complete item VII)
	NDERGROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate bo	ox(es)) ***********************************
A. AIR B. RAIL C. HIGHWAY D. WATER 63 E. OTHER	(specify):
Wark "X" in the appropriate box to indicate whether this is your installations of the appropriate box to indicate whether this is your installations of the appropriate box to indicate whether this is your installations of the appropriate box to indicate whether this is your installations of the appropriate box to indicate whether this is your installations.	第37 年 在12 19 19 19 19 19 19 19 19 19 19 19 19 19
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazar If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided believe	rdous waste activity or a subsequent notification. ow.
13/38/83	C. INSTALLATION'S EPA I.D. NO.
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item	c)
IX. DESCRIPTION OF HAZARDOUS WASTES	week and the second standards
Please go to the reverse of this form and provide the requested information.	

					*W	
IX. DES	CRIPTION OF HAZ	ARDOUS WASTE	S (continued from fro	ont)		13 14 1
A, HAZA waste	RDOUS WASTES FRO	OM NON-SPECIFIC S ces your installation I	SOURCES. Enter the for nandles. Use additional s	ur—digit number from heets if necessary.	40 CFR Part 261.31 for	each listed hazardous
	23 - 26	2 23 - 26 8	23 - 25 9	23 - 26	23 - 26	23 - 26
B. HAZA specifi	RDOUS WASTES FRO c industrial sources you	M SPECIFIC SOURCE installation handles.	ES. Enter the four—digi Use additional sheets if	t number from 40 CF necessary.	R Part 261.32 for each ti	sted hazardous waste from
	13 F 0 0 2 23 - 26 19 23 - 26 25	F O O 3 23 20 26 26 26 26 26 26 27 28 28 28 28 28 28 28 28 28	23 - 26 21 23 - 25 27 23 - 26	23 · 26 22 23 · 26 25 26	23 - 26 23 - 26 29	18 23 - 26 24 23 - 25 30
C. COMN stance	TERCIAL CHEMICAL I your installation handle	PRODUCT HAZARD es which may be a haz	OUS WASTES. Enter the cardous waste. Use addit	e four-digit number i ional sheets if necessa	from 40 CFR Part 261.33 ry.	3 for each chemical sub-
	31 23 - 26 37 23 - 26 43 23 - 26	32 23 - 26 38 23 - 25 44 23 - 26	23 - 26 29 23 - 26 45 23 - 26	23 - 26 40 23 - 25 46 22 - 25	23 - 26 41 23 - 26 47	36 23 - 26 42 23 - 26 48
D. LISTE hospita	D INFECTIOUS WAST als, medical and research	ES. Enter the four—or laboratories your ins	digit number from 40 CF stallation handles. Use ac	R Part 261.34 for eac Iditional sheets if nec	h listed hazardous waste essary.	from hospitals, veterinary
.i	49	50	51	52	53	23 - 26
E. CHARA	ACTERISTICS OF NOI Dus wastes your installa	tion handles. (See 40	<i>CFR Parts 261.21 — 26</i> L CORROSIVE	(" in the boxes corres 1.24.)		□4. TOXIC
X, CERT	IFICATION 2	are many of warring of				D000)
I certify attached I believe	y under penalty of d documents, and the e that the submitted	iat based on my in Linformation is tri	iquiry of those individ	duals immediately plete. I am aware	the information subs responsible for obtain that there are signific	ing the information
SIGNATU	eliain R	P-D- Light		ALTITLE (type or p	·	LO(ZJ-183